

## Colorado Telephone Assistance Program Application

Telephone number you wish to have the discount applied to: \_\_\_\_\_

Your first name: \_\_\_\_\_ Your last name: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

This is my permanent address: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Your phone company: \_\_\_\_\_

In order to be eligible for the Telephone Assistance program, the applicant must be responsible for the telephone bill and must be the person currently receiving public assistance from one of the following programs. Please check (x) which of the following Colorado public assistance programs you are currently **receiving**:

_____ Old Age Pension (OAP)	_____ Aid to the Blind (AB)
_____ Aid to the Needy/Disabled (AND)	_____ Supplemental Security Income (SSI)
_____ Low Income Energy Assistance Program (LEAP)	_____ Colorado Works, Temporary Aid to Needy Families (TANF)

Please check here if you have received a letter from your telephone company requiring that you recertify your eligibility  
\_\_\_\_\_

*Please initial below:*

\_\_\_\_\_ I understand that Lifeline assistance is only available for one residential telephone line per household. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses. To the best of my knowledge, my household is not already receiving a Lifeline service. (Either wireline or wireless but not both)

\_\_\_\_\_ I understand a household is not permitted to receive Lifeline benefits from multiple providers.

\_\_\_\_\_ I understand that I must notify my telephone company if I add Lifeline on another telephone line so that the credit may be removed from my account.

\_\_\_\_\_ I understand that my Lifeline service is not transferrable. I may not transfer my service to any individual, including another eligible low-income consumer.

\_\_\_\_\_ I understand that I will notify my phone provider within 30 days if I move to a new address or if I am no longer receiving benefits from one of the above programs.

\_\_\_\_\_ I understand that if I provided a temporary residential address, I am required to verify this address every 90 days.

\_\_\_\_\_ I understand I, the subscriber, may be required to re-certify his or her continued eligibility for Lifeline at any time.

\_\_\_\_\_ I understand that violation of the one-per-household requirement, providing false or fraudulent information to receive Lifeline assistance, failure to re-certify, or violation of any of the above statements would result in de-enrollment and the termination of Lifeline assistance and is punishable by law.

**By signing below I am authorizing the Department of Human Services to share the information contained in this application with my telephone provider.**

By signing below, I certify under penalty of perjury that the information contained in this application is true and correct.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Please fax completed form to: 303-861-0275, or, mail your application to: LITAP, 1120 Lincoln St., Ste 1007, Denver, CO 80203-2138 or email completed form as an attachment to: [cdhs\\_leap\\_program@state.co.us](mailto:cdhs_leap_program@state.co.us)

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